


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000001094</b>	
1. Entity Name <b>PADGET-DEKKER HOLDINGS, LTD.</b>	

Principal Place of Business <b>611 FRANCES STREET KEY WEST FL 33040</b>	Mailing Address <b>611 FRANCES STREET KEY WEST FL 33040</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent  <b>PADGET, JOHN R 611 FRANCES STREET KEY WEST FL 33040</b>	
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4. FEI Number <b>65-0800620</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P O Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900.\*\*\* Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>P97000032483</b>	NAME <b>PADGET-DEKKER HOLDINGS, INC.</b>	STREET ADDRESS	
STREET ADDRESS <b>611 FRANCES STREET</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>KEY WEST FL 33040</b>			
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			

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04/24/07-80024-0003 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

**7 Apr 07**

**305-294-3642**

Date Daytime Phone #

STAPLE CHECK HERE